DOCUMENT RESUME

ED 419 116 CE 076 386

TITLE	Standardizing Forms for Non-Metropolitan Literacy Providers. Final Report.
INSTITUTION	Adult Literacy Lawrence County, New Castle, PA.
SPONS AGENCY	Pennsylvania State Dept. of Education, Harrisburg. Bureau of Adult Basic and Literacy Education.
PUB DATE	1997-00-00
NOTE	24p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adult Basic Education; *Adult Literacy; Check Lists; *Literacy Education; *Material Development; Program Administration; *Records (Forms); *Rural Education
IDENTIFIERS	353 Project

ABSTRACT

A project was conducted in Pennsylvania to develop a standard set of forms to be used by nonmetropolitan literacy providers. During the project, the project team surveyed nonmetropolitan literacy providers through a first mailing to 90 agencies identified, as well as several intermediate units, with less than one-third of the agencies responding. The responses were used by the team to determine relevant forms and formats. Team members worked on separate forms, sent them out to agencies for review and field testing, and made final revisions. The following forms were produced for agency use, and made available in both hard copy and on computer disk: confidentiality, contract for services, learner educational plan, learner intake, learner survey, monthly tutoring report, support services referral, and tutor survey. The forms can be easily reproduced for agency use. They provide a basis for a uniform reporting format that can be easily used for research projects. (The forms are included in the project report.) (KC)

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FINAL REPORT

Project #: 098-7014

Standardizing Forms for Non-Metropolitan Literacy Providers

1996-1997

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Standardizing Forms Utilized by Non-Metropolitan Literacy Programs

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Fiscal Year: 1996-1997

Grantee: Adult Literacy Lawrence County
207 E. North Street
New Castle, PA 16101
412-654-1500

Grant Amount: $5,000.00

Contract Number: 098-7014

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PRODUCT: Standardized Forms	Appendix A

Confidentiality
Contract for Services
Learner Educational Plans
Learner Survey
Monthly Tutoring Report
Support Services Referral
Tutor Survey
Learner Intake

ABSTRACT

Project No.: 098-7014

Grant Recipient: Adult Literacy Lawrence County
207 E. North Street
New Castle, PA 16101
412-654-1500

Program Name: Adult Literacy Lawrence County

Grant Allocation: $5,000.00

Project Period: October 1, 1996-June 30, 1997

Project Director: Marcia S. Anderson

Project Purpose:
To develop a standard set of forms to be utilized by non-metropolitan literacy providers.

Project Outcomes:
Forms on Confidentiality, Contract for Services, Learner Educational Plan (IEP), Learner Intake, Learner Survey, Monthly Tutoring Report, Support Services Referral, and Tutor Survey were produced for agency use. Hard copies and disk copies (IBM or Mac platforms) were produced.

Impact:
The forms can be easily and inexpensively reproduced by agencies choosing to use them. They provide a basis for a uniform reporting format which can be easily utilized for research projects.

Product Developed:
A set of seven (7) forms available in hard copy or disk format.

Products Available From:
Adult Literacy Lawrence County
Address above or
e-mail: manderson@newcastle.k12.pa.us

Project Continuation and/or Future Implications:
The forms may be accessed at any time by any literacy provider.

Conclusions/Recommendations:
This project can save agencies time, effort and money. The forms can be easily adapted for individual agencies and may be reproduced with little effort and/or cost. However, as in any product, the proof of its usefulness is determined by the numbers utilizing it.

Introduction

The purpose of this collaborative project was to develop a standard set of forms to be utilized by literacy programs in non-metropolitan areas. This effort addressed Program Quality Indicators relating to Educational Gains, Program Administration, and Support Services. The directors focused on non-metropolitan providers because many of them have similarities in constraints relating to staff and budget as well as client-needs. Such agencies seldom have staff with time and or expertise to tackle additional projects although the end results are beneficial to all concerned.

Although several 353 projects have been written in past years that contain project-specific forms, there has not been a standard set of forms available for agency use. The only project remotely similar is the 1995-96 "Transmission of Data Through Technology" by the Center for Literacy (Project #985011). The only commonality in the projects is that both deal with standardization of a form.

This project began in the late fall of 1996, and was completed in June, 1997. The project team consisted of the following agency directors:

Maloy Beach, Literacy Council of Venango County
Jane Martin, Crawford County READ
Roberta Wykoff, Grove City Literacy Council
Marcia S. Anderson, Adult Literacy Lawrence County (ALLC) and
Heather Moore, Office Coordinator, ALLC

This mini-grant was sought to develop a product, rather than to conduct research. The goal was to produce the forms and the

objectives set relate to achieving that goal. Therefore this final report addresses the objectives collectively rather than in separate chapters.

Permanent copies of the **Standardization of Forms for Non-Metropolitan Literacy Programs** project are maintained by the following:

Pennsylvania Department of Education
Bureau of Adult Basic and Literacy Education
333 Market Street, 12th Floor
Harrisburg, PA 17126-0333

AdvancE
333 Market Street, 11th Floor
Harrisburg, PA 17126-0333
(800) 992-2283 in Pennsylvania
(717) 783-9192 outside Pennsylvania

Western PA Adult Literacy Resource Center
5347 William Flynn Hwy., Rt. 8
Gibsonia, PA 15044-9644
(800) 446-5607, ext. 216 in Pennsylvania
(412) 961-0294, ext. 216 outside Pennsylvania

Problem Statement

Determining appropriate formats for forms utilized in literacy programs has long been a matter of concern. Three (3) of the agencies involved in this project met in late 1989 to compare and revise the forms they were using for educational plans (IEP) and for learner intake, as well as develop others suggested by their Regional Advisor. Through the ensuing years both formal and informal discussions relating to forms continued among providers as they attempted to ascertain the most necessary forms and what areas to address on them, including: (a) information considered to be pertinent, (b) most applicable format, and (c) information/needs most common to providers.

As more information is requested by funders and/or needed for in-house purposes, agencies have added more forms until the information currently gathered is redundant and, oft-times, useless. Additionally, the files become unwieldy and when information is needed it is difficult for expedient retrieval.

Since 1995 various ABLE-funded literacy providers received on-site evaluations conducted by regional advisors from the Bureau of Adult Basic and Literacy Education. The issue of those evaluations was brought up at a Focus-Group meeting of some agency directors affiliated with the Northwest Professional Development Center. A basic concern was apparent: Agencies represented had been cited because of a lack of appropriate information for one or more

purposes. The directors decided to explore seeking a mini-grant after learning that this concern was shared by non-metropolitan agencies across the state.

All organizations have a set of forms that may or may not be appropriate for today's learner. These forms may lack the information needed by funders as well as the sophistication available through modern technology. None are standardized so that they can be utilized by other agencies or even by participants in research projects such as Pennsylvania's Palpin or Action Research. The process of developing any project is time consuming for organizations that may lack staff and/or the expertise in specific areas, while some may not have technology to develop adequate, quality forms.

This project enabled all non-metropolitan providers to have input into what forms and/or information are necessary to their agencies. Providers have the option of utilizing the standardized form(s) and/or modifying any or all of them to fit particular agency needs. Additionally, a uniform set of forms enables both external and internal evaluations to be more efficient while permitting each agency to be evaluated on an even playing field.

Goals and Objectives

The goal of this project was to produce a set of forms that could be utilized by non-metropolitan literacy providers. The objectives follow:

1. To improve program quality by standardizing procedures through the development of a minimum set of five (5) forms which would be applicable to the needs of the target group of providers.
   a. Identify the non-metropolitan literacy providers
   b. Survey the providers to determine how many forms, as well as which forms, they believe to be necessary for effective program management
   c. Determine what forms are currently used that will be appropriate to the needs of the agencies.
2. To provide a basis for quality record keeping.
   a. Clarify forms so that relevant information is readily available.
   b. Provide efficient vehicles for providing data to funders.
   c. Provide singular formats which can be easily compared among agencies.
   d. Provide cost-effective standardization.
2. Provide an opportunity for input from providers across the state.
   a. Contact members of Tutors of Literacy in the Commonwealth (TLC), non-metropolitan providers not affiliated with TLC,

and Regional advisors for suggestions and/or sample forms or formats.

b. Select and modify most used and most appropriate forms.

c. Create standardized forms.

d. Determine the need for additional forms.

e. Review all forms with a sampling of agencies and advisors.

Meeting the Objectives

The final product consists of seven (7) forms relating to the areas of Confidentiality, Contract for Services, Learner Educational Plans, Learner Survey, Monthly Tutoring Report, Support Services Referral, and Tutor Survey. An eighth form, Learner Intake (data), is not meant to take the place of the Bureau of Adult Basic and Literacy Education's Data Form; it was included because the collaborators thought its format may prove useful to some agencies.

The individual types of forms were chosen from those that surveyed agencies indicated were currently in use or those they would like to use as well as those recommended during on-site evaluations. The final products may have been adapted from those submitted or may represent a meld of various forms submitted for a particular need. There were no requests for forms that were not currently used by other agencies.

The forms produced are copy-ready and can easily be utilized by any agency; this is especially helpful for those with limited

staff and/or minimal availability of technology. Agencies can stamp or type their own information on the forms prior to duplicating them or make changes on the available disks. The forms provide a format to find information quickly as well as to utilize when for data bases. The size and font of the print, the amount of white space, and the reading levels of each form were also considered. The majority are written below the eighth (8th) grade level and, when space permitted, the print size was set at 14.

Procedures

As described in the proposal, the project team surveyed non-metropolitan literacy providers through a first mailing to 90 agencies identified through the TLC and PAACE directors as well as several intermediate units. Less than one third (1/3) of the agencies contacted responded.

The responses received were utilized by the collaborating team as a whole to determine relevant forms and formats. The forms were divided and team members then worked on separate forms before sending them on to the other three to review and critique. They then worked on each of the revised forms as a group. In mid-spring a set of draft-forms was sent out to twenty-five (25) agencies and to this region's advisor to review and comment. While the forms were being revised, they were also being field tested by volunteer tutors and paid staff in several of the participating agencies.

After the forms and suggestions were returned, the group met for final revisions. A set of forms was then sent out to 90 providers along with a cover letter explaining the project and how the forms could be used. Agencies could then request a computer disk formatted for either IBM or MAC, and they are doing so.

The following agencies responded to one or both mailings:

Adult Literacy Action
Adult Literacy Lawrence Co.
Bedford Co. Literacy Council
Blair Co. Literacy Council
Bradford Co. Library
Carlisle Area OIC
Crawford Co. READ
Franklin Co. Literacy Council
Grove City Literacy Council
Lit. Council of Reading-Berks
Literacy Council of Venango Co.
Lycoming Co. Literacy Project
Mifflin County Library Literacy
Northwest Tri-County IU
Wayne Pike Adult Literacy Program
York Co. Literacy Council
Scranton Council for Literacy Advance (SCOLA)
Susquehanna Co. Volunteer Literacy Council

All the objectives were met, although the limited agency response may have excluded the representation of all non-metropolitan agencies. Responses indicated that some agencies preferred using their own formats while some viewed some of the forms, especially those on Confidentiality and Referral, as unnecessary.

Evaluation for this project occurred as critiques came in from other agencies. More than the five (5) reviewers were utilized throughout the project. There has been positive response to the final form mailing. Some agencies began using the initial forms sent out if they were not already using it. A survey was not sent out with the final packet.

This project is available in hard copy and on both DOS and

ASCII disk files through the Bureau of Adult Basic and Literacy Education, AdvancE, and the Western Pennsylvania Adult Literacy Resource Center. Addresses for them may be found on page 2. Both hard copies and disks on both IBM or MAC software may be requested from Adult Literacy Lawrence County.

Conclusion

This project simplifies the process agencies must go through to revise and/or change forms they currently use. If forms are uniform throughout agencies, the task of responding to funders and researchers will be simplified. Whether they do so or not remains to be seen.

Appendix A

CONFIDENTIALITY

A primary obligation of all agency personnel, both paid and volunteer, is to safeguard all spoken or written information regarding our learners. Confidentiality is keeping information that you may learn through your interaction with a learner private or secret. Even address and telephone number can be confidential information when it connects a learner with our agency, as the learner may wish to keep your/our help from family and friends.

As a representative of this agency, it is necessary to establish a relationship with your learner based on respect, responsibility, and concern for the problem he or she is trying to overcome. Your learner needs to know that you respect his or her right to privacy and will not disclose anything he may tell you in confidence.

Confidential information should only be shared among tutor, learner, and our (identify position or person) or in case of an emergency. If a learner presents you with a concern or information that you are uncertain about handling, you may always discuss it with (identify position or person). If there is a need to release any information about a student, this agency will secure a signed release from that learner prior to disclosure.

I agree to maintain the confidentiality of both my learner and this organization (Name).

_____

Name Date

CONTRACT FOR SERVICES
(To be completed with agency representative)

The Agency Will:

1. Interview, assess, and update learner educational plans to meet learner needs.
2. Arrange for a trained tutor and convenient scheduling of tutoring sessions.
3. Supply learners and tutors with appropriate materials and supplies.
4. Provided referrals to other agencies when necessary.
5. Be available to tutors and learners for educational counseling.
6. Respect the learner's confidentiality.

Agency Representative:_____
Date:_____

The Tutor Will:

1. Meet with learner(s) at all regularly scheduled session times.
2. Notify agency as early as possible when a scheduling conflict occurs.
3. Prepare thoroughly for tutoring sessions.
4. Keep Coordinator informed of questions or concerns about tutoring sessions.
5. Meet with Coordinator periodically to discuss learner progress.
6. Return agency materials when no longer needed for tutoring.
7. Respect the learner's confidentiality.

Tutor/date: _____

_____

_____

_____

The Learner Will:

1. Meet with the tutor at all regularly scheduled sessions.
2. Respect the fact that the tutor is a volunteer and his/her time is valuable.
3. Call the agency as early as possible when a conflict in scheduling occurs.
4. Come to tutoring sessions prepared and ready to learn.
5. Call the Coordinator when questions or concerns about tutoring come up.
6. Meet the Coordinator to re-evaluate goals and achievements.
7. Return agency materials when they are not needed.

Learner: _____
Date: _____

Learner's Educational Plan

Learner:_____ Date:_____ Program: ESL:___ABE___GED___Other___

Assessment Tool(s) **Pre-Test** **Post Test** **Retest Dates**

_____

_____

_____

_____

_____

Predominant Learning Style: **Visual___Auditory___Kinesthetic/Tactile___**

Personal/Career Goals: **Educational Goals:**

Short Term **Long Term** **Short Term** **Long Term**

Materials/Strategies to be used:

Learner comments and signature:_____

Coordinator comments and signature:_____

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Learner Survey

PLEASE ANSWER THESE STATEMENTS: **YES OR NO:**

1. I like working with my tutor. _____
2. The books and materials I use are good for me. _____
3. My tutor tells things to me in ways that help me to learn. _____
4. I can easily find time to spend on my lessons. _____
5. I helped set my goals. _____
6. My tutor often tells me I am doing well. _____
7. We meet in a safe, clean place. _____
8. I think that tutoring is helping me to do better. _____
9. My tutor teaches a lesson each time we meet. _____
10. My tutor and I are equal partners. _____

Please check the reason you stopped meeting with your tutor. _____

_____Took a job or a better job
_____Began a training program.
_____Met my objectives
_____Health problems
_____Transportation problems
_____Child-care problems
_____Family problems
_____Lack of time
_____Other

How can we give you more help?

_____

_____

_____

AGENCY: _____ **Date:** _____

Monthly Tutoring Report

(Please mail to the Office within five (5) days after the end of the month)

Tutor_____ Month_____

Learner_____ Learner Status: Active Inactive Completed

I need help with_____

DATE	TUTOR HOURS	PREP HOURS	TRAVEL HOURS
TOTALS:			

(Please circle learner's level) **Basic ABE GED ESL**

Materials	Text (s)	Done
Basic ABE Pre GED GED ESL		
Math Beginning Intermediate Pre GED GED Other		
Supplemental Readers/Novel Puzzles Newspapers Flash Cards Nutrition Child Care Spelling Grammar Driver Manual Other		

Achievement Check List
___New Job ___Better Job ___Job promotion ___Reads other things ___Became a citizen ___Improved English ___Completed a book ___Registered to vote ___Got a driver's license ___Obtained GED ___Read a book to child/self ___Other: Describe on back

EVALUATION:

Tutor:

1. What are my learner's goals?
2. What did we do to meet our goals?
3. Did I review? Challenge? Praise?

Learner:

1. Before I'm done I want to:
2. In the next months I want to:

***Tutors/Learners: Please use the back of this page to answer the questions.**

Our funding is dependent on the information you give us. Thank You!

SUPPORT SERVICES REFERRAL FORM

PLEASE TAKE THIS FORM TO: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____ SS #: _____

ADDRESS: _____ PHONE #: _____
IS REFERRED TO YOU FOR THE FOLLOWING POSSIBLE SERVICE(S):

_____

_____

_____

DATE REFERRED: _____ BY: _____
****
FOR AGENCY USE: PLEASE NOTE RESULTS OF REFERRAL AND RETURN TO:
ADDRESS: _____

DATE REPORTED: _____ RECEIVED BY: _____

DATE: _____ SERVICE(S) PROVIDED: _____

DATE: _____ SERVICE(S) NOT PROVIDED: _____
****

COMMENTS

I AGREE THAT _____ CAN SEND A COMPLETE COPY OF THIS FORM TO THE AGENCY LISTED ABOVE. THAT AGENCY CAN SEND THIS REFERRAL WITH THE DATA NEEDED:

SIGNATURE: _____ **DATE**: _____

TUTOR SURVEY

PLEASE RATE THESE STATEMENTS:

1=Agree 2=Sometimes agree 3=Disagree

1. I think that my talents and skills have been put to good use in this program. ___
   Comments:

2. The role and responsibilities of my volunteer position have been clearly defined. I know what is expected of me. ___
   Comments:

3. I have access to the materials and support that I need to tutor effectively. ___
   Comments:

4. The orientation/training I received before working with my learner was adequate for me to be a successful tutor. ___
   Comments:

5. The staff is helpful and courteous to me when I need something for my learner or need suggestions to better help my learner. ___
   Comments:

6. I need information or additional support from the office. ___
   Comments: Please explain what you need

7. I am interested in expanding my tutoring skills and instructional strategies. ___
   Please circle your response:
   The best time for me to attend meetings is: **Mornings Afternoons Evenings**

THE FOLLOWING IS A RECOMMENDED PRACTICE

Any tutor who wishes, may receive feedback on a tutoring session in the following ways:

A. Request to have your meeting with your learner evaluated by a personal observation with a discussion following the tutoring session.

B. Submit an audio tape of a tutoring session. Feedback will be given to the tutor over the phone or in a personal meeting.

If you choose to have an evaluation made of your tutoring session please call this office to make the necessary arrangements.

Learner Intake

To be filled in by student or intake interviewer (Please print clearly): Emergency Phone Number: (___)_____

Last Name_____First Name_____ Social Security #_____

Address_____ City_____ Zip Code_____

Telephone( )_____ County_____ School District in which you reside_____

Sex: ___Male ___Female Date of Birth_____ Age_____ # of Dependents under age 18_____

Employed? Yes_____ Where? _____ No, available for work_____ No, not available for work: _____

Last Grade Completed in school? 6 7 8 9 10 11 12 Special Ed
(Circle all that apply) Post Secondary 1 2 3 4 Non-English Diploma

Are you:	Household Status:	Race	Entry Level
___ Receiving Public Assistance Case #_____ Case Worker_____ ___Handicapped ___Displaced Homemaker ___Institutionalized ___Homeless Adult ___Enrolled in other Federal Program ___An Immigrant ___Limited in English Language Proficiency ___Receiving Food Stamps ___Preliterate	Choose the one that best describes your household status. ___Head of a Single Parent Household ___Head or Spouse (Partner) of a 2 Parent Household ___Head or Spouse (Partner) No Dependents ___Dependent Member of Household ___Living Alone (or nondependent member of household) ___Group Quarters	___Native American ___Asian ___Black ___Hispanic ___White(other not Hispanic)	ABE ___Beginning 0 - 5 ___Intermediate 6 - 8 ___ABE 9 - 12 ___GED 9 - 12 ESL ___Beginning ___Intermediate ___Advanced

How did you find out about the program? (**Check only one.**)

___School board, IU, School	___Previously studied ABE/GED	___PIC/JTPA SPOC Prog.
___Newspaper, radio, TV	___School/College counselor/ teacher	___Rehab. counselor/worker
___Handout, mailed leaflet	___Institution or group home	___Court, probation, parole
___Sign, billboard, phonebook	___Library/other adult ed. agency	___Military recruiter
___Relative, friend	___Community agency, human services	___Political/ public official
___Employer/ union-worksite	___Clergy/ church group	___Other

Why are you taking these classes? (**Check only one.**)

___improve job prospects	___to get diploma or certificate	___qualify for college, business school
___to learn better English	___to qualify for training, Military	___required by probation, welfare, etc.
___to obtain driver's license	___to help child with homework	___to achieve comp. reading/spelling
___to obtain citizenship	___social acceptance, self satisfaction	___other (none of the above)

Are you entered in any other training programs? Yes ___No ___If so, what?_____
What type of reading do you do now?_____
When are you available for tutoring Days:_____Time:_____
Location_____ Transportation Available? Yes___ No___ Tutor Preference: Male ___ Female _____
Additional remarks by intake interviewer: _____

_____

_____

_____ _____
Interviewer Date